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INSTRUCTIONAL AID IN
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The Dictaphone as an Instructional Aid in Sight Saving Classes

MARGARET M. SOARES

THE turmoil of the past ten years has brought about great changes in our social, economic, industrial, and political life, all of which have exerted much pressure and made untold demands on education. It is not the purpose of this article, however, to dwell on all of the forces affecting education during this period. Suffice to mention that the changes have been numerous and have varied in the different sections of the country, but that without doubt they have effected at least one universal result, namely, an increased number of pupils per class. There have been rare exceptions, if any, to this fact. Sight-saving classes are not without exception. It is true that during the worst years, 1931-1934, there was an increase of sight-saving classes over the country by seven per cent, but the pupil increase was also felt in the classes already established. In fact, the pupil-teacher ratio became so great especially in the larger cities, that ways and means to compensate for this factor had to be sought. It was in this manner that the dictaphone found its way as an instructional aid into the sight saving classrooms.

The first approach to the possibilities of the dictaphone was met with disfavor or indifference, as is still apt to be the case where it is being newly introduced. There appeared to be very little or no way of adapting it for use

in a sight-saving room, because it is definitely not advocated for vocational purposes. However, after several months of experimenting by trial and error, patience and perseverance, it has come to be a most welcome and valued piece of equipment both to pupils and teachers in intermediate grades and high schools.

The dictaphone is not used to teach a lesson or to present new material, but rather to complete assignments and such other work as has ordinarily required dictation by the sight saving teacher. It is a time-saver for her because the cylinder can be prepared in about five minutes after



BACHRACH

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school hours or at times when most of her children are in regular classes. If she were to dictate directly to the children, she would have to work with each group during the entire

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characteristic curves. Another astonishing fact learned was that the curves even between the attacks in all epileptics were abnormal and after treatment with sedatives, such as are commonly used to decrease the number of seizures, the character of the curves would more nearly approach the normal type of curve.

At present electro-encephalography probably gives more information in the study of an epileptic than encephalography and yet the method cannot be used outside of a large medical center because of the prohibitive cost of the apparatus. In addition, most observers agree that the electro-encephalogram must be made in a sound-shielded room which of course adds to the initial cost.

TREATMENT

For centuries the epileptic has been preyed upon by every known form of charlatanism. The quacks' promises have been numerous, their cures few. It is hoped that the remarks on the causes of convulsive seizures will lead those who come in contact with these patients to advise them to seek the best medical advice obtainable.

A prerequisite to good treatment is a careful neurological and general physical examination. If the cause can be found and removed, the spells will cease. In those cases in which it is impossible to find a cause, every effort must be put forth to decrease the number of attacks. At present this is done by several accepted methods. The so-called ketogenic or high fat diet is used by certain practitioners to produce an acidosis in the body. Its use is based on the principle that the opposite state, an alkalosis, may induce a seizure. To most people a high fat diet is as unpleasant as the seizures, so the regimen has never been widely used. Much

faith has been placed in various other dietaries which have been prescribed in great detail without the slightest bit of scientific evidence as to their therapeutic value.

The dehydration treatment of Fay¹⁸ has some value and although it has been lauded in a national magazine and many have tried it, it has not come into universal use. Few patients find it possible to go day after day, on a total fluid intake of twenty ounces per twenty-four hours.

The administration of drugs for the control of convulsions is still the most important factor in the treatment of the idiopathic case. Any discussion of the subject would presuppose a medical education.

So much is written these days about the endocrines that one hesitates to close the notes on treatment without their mention. The whole subject of the glands of internal secretion in relation to convulsions is still in the field of speculation and experimentation, and there is no definite evidence that administration helps except in the incidence of so-called pituitary epilepsy.

With the exception of the school at Detroit, Michigan, there is little that is being done by the public schools for the education of the epileptic child. Providing an education for these children is an important part of any therapeutic program. At present they are usually excluded from school though they may be good students and entirely normal between attacks. Such a procedure makes these children fully aware that they are different from others.

¹⁸ Fav. Temple. "Some Factors in 'Mechanical Theory of Epilepsy' with Especial Reference to Influence of Fluid and Its Control in Treatment of Certain Cases," *American Journal of Psychiatry*, 1929. Chapter 8, pp. 782-855

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Four pupils using one dictaphone equipped with a four-way multiple tube. Post School, Detroit, Michigan.

thirty or forty minute period. As it is, she is free to take care of other duties in the classroom. She now uses the dictator once, making a record for as many groups and for use as many times as may be required. The transcriber is equipped with a four-way multiple tube, thus making it possible for four students to take the same assignment at one time. The economy of time for students and teacher, the benefits derived from cooperative working in a group, and the elimination of copying and recopying have numerous advantages; but above all else the elimination of eye work, and thus the preservation of vision, is the dictaphone's greatest virtue. As such it is an adequate and suitable piece of equipment for a sight-saving room.

In a cooperative set-up where students recite their special subjects with the regular grade students, there is much eye work to be done. It would

be impossible for sight-saving class students to compete if the sight-saving teachers were not constantly dictating work to them at the typewriter. It is here that the dictaphone comes into practical use. The assignment is obtained from the special teacher in advance; the sight-saving teacher makes the record in a very short time and thus the work is ready for students whenever they return from the special class for their assignment. This is also true of examinations. Since the students in the sight-saving class are not permitted to take an examination in the regular grade rooms, they return to the sight-saving room to take it. The teacher obtains the examination in advance and puts it on a record, and the students take their examination at the same time as the others. At the end of the period, they return to the special teacher for correction or discussion with the group. The sight sav-

ing pupils in this way truly become a part of the class organization; their work is completed and ready during the same period as that of the others of their class, and they are able to profit from the group discussion. It also proves to be a big help to children for making up work after they have been absent. The assignments, being prepared and labeled, can be done during study hours usually on the first day of return, thereby eliminating the necessity of contacting the special teachers for assignments a second time. These factors do much to change the attitude of the sight-saving class pupil toward his handicap, and also do much to change the attitude of special class teachers toward the sight-saving class student who under the old plan always brought in his work after the rest of the class had completed theirs. Furthermore, because of the active participation that the pupils take in the lesson at hand, they actually do better work. As teachers interested in the welfare of partially seeing children, we cannot afford to lose sight of the psychological effects such factors bring about in children. It is our aim to have them live normal, active lives without further injury to their vision, and any available aids that assist in helping them to accomplish this are worth our attention.

There also is another instance where the dictaphone can be made very practical. Many students recommended for sight-saving after having reached intermediate or high school grades have had no contact with typewriting, and it is almost impossible for the sight-saving teacher with her many duties to find school time to give to this instruction in the upper grades. After the fundamentals have been mastered, a long period of practice is necessary before

a student becomes sufficiently skillful to take his class lessons on the machine. For this purpose, sets of records have been especially devised. A student may practice through the use of them during any period that the dictaphone is available. Such practice is not only essential for the pupil new at typing but is also valuable as a check on the speed and accuracy of any student.

With these means sight-saving pupils are being adjusted much more readily and easily to new situations.

The Epilepsies

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A special one-story school building should be provided. It would not require any particular construction or elaborate equipment as is used in orthopedic schools. The principal, teachers and a full time nurse would be specially trained to know the various problems that might arise in convulsive seizures. This staff would administer a program in cooperation with a neurologist or neurosurgeon.

COMMENT

An endeavor has been made to present a modern conception of the epilepsies and in addition two newer methods of study, encephalography and electroencephalography, have been briefly described. The former method is now so commonly used that many well trained neurologists and neurosurgeons use it as part of their diagnostic armamentarium. The latter method is still too new and too expensive to be used outside of large medical or university centers.

The social and economic problem connected with the epilepsies is as important as the medical problem and thus far educators have given little thought to the subject.

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